

July 19, 2019

**Personal and Confidential**

Trevor Curtis  
139 Aberdeen Drive  
Cranberry Twp, PA 16066

**Re: Your Pension Benefits under the Komatsu U.S. Pension Plan**

Dear Trevor Curtis,

In preparation for your decision to begin receiving your benefit under the Komatsu U.S. Pension Plan, it is important that you understand the options available to you.

This Retirement Kit contains important information about your pension benefits and the forms you need to complete before you can begin receiving your benefits. A checklist is enclosed to guide you through the process. You may defer payments to a later date, but you must commence payments no later than **April 1, 2021** per IRS regulation.

**Please complete and return all your election forms and other required documentation to us in the enclosed envelope no later than 60 days from benefit commencement date.** Your paperwork expires on March 1, 2020. *We must receive your completed forms and required documentation by the first of the month in order for you to begin receiving payment of your Plan benefit on the first of the following month. Your pension payments will not become effective until Komatsu Mining Corp. has received all your properly completed forms and applicable documentation with the commencement date indicated on your Election Form.* Please remember to keep a copy of all forms for your records.

Please take the time to review the material in this kit carefully. If you have any questions about this information, send your questions to us via email at [benefits@mining.komatsu](mailto:benefits@mining.komatsu) or call the Komatsu Mining Corp. Benefits Department at 1-800-797-6645.

Best wishes in your forthcoming retirement.

Sincerely,

Komatsu Mining Corp. Benefits Department

Enclosures

Below is a list of Forms and Notices you need to complete and review in order to receive your pension benefit. Please review the list carefully to make sure you complete the necessary forms and provide the required documentation. Please check the personal data printed on each form for accuracy. If there are any discrepancies, please contact the Komatsu Mining Corp. Benefits Department at 1-800-797-6645.

**Note:** Please use blue or black ink when you fill out the forms.

**Note:** If you are an active employee, notify your local Human Resources Department and your manager of your intent to retire.

**COMPLETE and RETURN the following to begin receiving  
your pension benefit.**

- ☐ **Form 1 – Benefit Election Form.** Use this form to elect a benefit payment option. It also serves as a verification of your current marital status and disclosure of any Qualified Domestic Relations Order (QDRO) or levies that may be placed on your benefit. Review the entire package of materials before you make your election.
- ☐ **Form 2 – Spousal Waiver Form.** If you are married and elect a benefit payment option that provides for a benefit payable to your surviving spouse of less than the 50% Joint & Survivor with 5 Year Certain & Life (or an option which provides less than 50% of your benefit to your spouse) or if you designate someone other than your spouse as your beneficiary, your spouse must complete this form and it must be notarized.
- ☐ **Federal Tax and State Tax Withholding Forms (W-4P and Form 3 – State Tax Withholding Form).** You must choose whether you would like to have income taxes withheld from your monthly pension payments. If you do not complete and return the tax forms, or the forms are incomplete/incorrect, Federal and State (if applicable) income tax will automatically be withheld as required by law.
- ☐ **Form 4 – Direct Deposit Form.** In order to have your monthly pension check deposited directly into your bank account, please complete this form and tape a voided check to the form in the space provided. If you do not complete and return this form, your pension check will be mailed to your home address on file.



Look for this symbol, which identifies the forms you need to complete and return within this kit.

**REVIEW the following before making your election.**

- ☐ **All Personal Data on the Benefit Election Form** Certain types of personal data may change the value of your benefit. If your date of birth or your spouse's date of birth is incorrect, contact the Komatsu Mining Corp. Benefits Department at 1-800-797-6645.

**Certain changes to personal data require proof of documentation, as outlined below.**

- **Your Date of Birth (or your Spouse's Date of Birth)** – Driver's License, Passport, Birth Certificate or state issued identification
- **Current Marital Status** – Marriage Certificate, Divorce Decree, Legal Separation

- ☐ **Notice 1 – Descriptions of Payment Options.** This notice describes the forms of payment available to you now.
- ☐ **Notice 2 – Relative Value Comparison.** This notice compares the value of the payment options available.
- ☐ **Notice 3 – Notice of Participant's Right to Defer Benefit Commencement.** This provides information about delaying the start of your pension benefit.

---

If you have questions about the forms, please contact the Komatsu Mining Corp. Benefits Department at 1-800-797-6645. Please use blue or black ink, print clearly, sign and date where appropriate and make a copy of your completed forms for your records.

**RETURN ALL FORMS AND DOCUMENTATION IN THE SELF-ADDRESSED ENVELOPE TO:**

**Komatsu Mining Corp. Benefits Department  
P.O. Box 554  
Milwaukee, WI 53201-0554**

**Note: Only United States Postal Service mail will be accepted; please use Priority or Express mail for expedited service.**

**Komatsu U.S. Pension Plan**  
**Notice 1 – Descriptions of Payment Options**

Name of Participant: Trevor Curtis Calculation ID: 7109\_4799 102765

---

Please read carefully to make sure you understand the payment options available under the Plan. We encourage you to consult a financial advisor to help you understand the effect that starting your Plan benefit may have on your personal situation.

---

**Normal Forms of Payment Under the Law**

**If you are single** – 5 Year Certain & Life is a monthly annuity payable for your lifetime. When you die, payments will stop, with no further benefits payable to anyone.

**If you are married** – 50% Joint & Survivor with 5 Year Certain & Life is a reduced monthly benefit payable for your lifetime. After you die, your spouse will receive 50% of the amount you were receiving for the rest of his or her lifetime, if your spouse survives you. If you die before receiving 60 months of payments, the amount payable to your spouse as a survivor annuity is increased to an amount equal to your benefit amount for the balance of that 60-month period. After that period ends, your spouse will begin receiving 50% of the amount you were receiving. If you are married and you elect a payment option that provides for a benefit payable to your surviving spouse of less than the 50% Joint & Survivor with 5 Year Certain & Life or if you designate someone other than your spouse as your beneficiary, you must provide a notarized spousal consent.

---

**Optional Forms of Payment**

You have a choice as to how your pension benefit will be paid. All optional forms of payment available under the Plan are described below.

**Joint and Survivor Annuities** – A joint and survivor annuity provides a monthly benefit for your lifetime. When you die, a monthly survivor benefit equal to 50%, 66 2/3%, 75% or 100% of the amount you receive is payable after your death to your surviving spouse for the remainder of his or her lifetime. If you die before receiving the 60 months of payments, the amount payable to your spouse as a survivor annuity is increased to an amount equal to your benefit amount for the balance of that 60 month period. After that period ends, your spouse will begin receiving 50% of the amount you were receiving. Under this method of payment, the amount payable to you during your lifetime is less than the amount you would receive under the single life annuity. The reduction is necessary, because of the added cost of providing benefits over two lifetimes. The amount of the reduction depends upon the age of both you and your surviving spouse and on the percentage continued after your death.

**Certain and Life Annuity** – A certain and life annuity is a monthly annuity payable for your lifetime with 5, 10 or 15 years guaranteed. For example, if you die within 5, 10 or 15 years of the date your benefits commence, payments for the same amount will continue to be paid to your beneficiary (or to your beneficiary's estate if your beneficiary dies) for the remainder of the 5, 10 or 15-year guaranteed period. The payments to your beneficiary will cease after the last guaranteed payment is made. If you are married, you must provide a notarized spousal consent to elect this option.



**Additional Benefit Due to Late Commencement** – an additional benefit will be payable to you because your Benefit Commencement Date is after your Normal Retirement Date. The Additional Benefit is the sum of payments which would have been made had you started the monthly benefit on your Normal Retirement Date, plus interest through your Benefit Commencement Date.

---



## Komatsu U.S. Pension Plan Form 1 – Benefit Election Form

Name of Participant: Trevor Curtis	Name of Beneficiary: Linda Joy Curtis
Participant Date of Birth: _____	Beneficiary Date of Birth: _____
Participant's Social Security #: _____	Beneficiary's Social Security #: _____
Employee's ID #: 102765	Beneficiary Relationship: Spouse

This form lists the optional forms of payment available to you under the Komatsu U.S. Pension Plan ("Plan"), with payments beginning January 1, 2020. Refer to the enclosed Descriptions of Pension Plan Payment Options for an explanation of how each option works. On this form, check the option that you want to elect, complete any additional information required, sign and initial where indicated, and mail back together with all forms and documentation. You must sign below and initial where indicated to make a valid election.

### I. Marital Status Declaration

My current marital status is:

- |   |  |
|---|--|
| <input type="checkbox"/> I am single.           | <input type="checkbox"/> I am legally separated or divorced. |
| <input type="checkbox"/> I am legally married.* | <input type="checkbox"/> I am widowed.                       |

*\* Spousal Waiver is required if you are married and are electing a form of benefit that provides for a benefit payable to your surviving spouse of less than the 50% Joint & Survivor with 5 Year Certain & Life with at least 50% continuing to your spouse as the beneficiary after your death or if you designate someone other than your spouse as your beneficiary.*

### II. QDRO/Levies Notification

*(If you do not check one of the three boxes below, we will assume that no QDRO/levies(s) are applicable.)*

- ☐ Qualified Domestic Relations Order(s) (QDRO)  
*A Domestic Relations Order is a judgment, decree or order (made in accordance with state domestic relations law) that relates to alimony, marital property rights, or child support; payable to a spouse, former spouse, child or other dependent.*
- ☐ Pending Domestic Relations Order(s) (DRO)
- ☐ IRS Levy on Retirement Benefits \*

*\*Provide a copy of IRS Form 668-A.*

**No QDROs/levies have been accounted for in the calculation of your benefits unless explicitly stated within this retirement kit.**



### III. Election of Form of Benefit Payment

The benefits shown below were calculated assuming a commencement date of January 1, 2020. After you've returned this form with an elected payment option, we will verify your actual termination date and final accrued benefit. If you do not commence on January 1, 2020, your actual benefit amount may differ from the amounts shown here. Your payments cannot begin until we receive all of your final information.

**Note:** If you are married and elect an option that provides for a benefit payable to your surviving spouse of less than the 50% Joint & Survivor with 5 Year Certain & Life (or an option which provides less than 50% of your benefit to your spouse) or if you designate someone other than your spouse as your beneficiary, your spouse will need to complete Form 2 – Spousal Waiver Form.

Please check the form of payment you would like to receive. (You may check only one option.)

	Option	Monthly Benefit of:	If Your Beneficiary Is Living at the Time of Your Death
<input type="checkbox"/>	50% J&S	Provides a monthly benefit of \$1,142.57 for your lifetime.	Beneficiary receives 50% of your benefit, or \$571.29 for the remainder of his/her lifetime. If you die before receiving 60 months of payments, the amount payable to your beneficiary is increased to \$1,142.57 for the balance of that 60-month period.
<input type="checkbox"/>	66 2/3% J&S	Provides a monthly benefit of \$1,095.31 for your lifetime.	Beneficiary receives 66 2/3% of your benefit, or \$730.21 for the remainder of his/her lifetime. If you die before receiving 60 months of payments, the amount payable to your beneficiary is increased to \$1,095.31 for the balance of that 60-month period.
<input type="checkbox"/>	75% J&S	Provides a monthly benefit of \$1,072.99 for your lifetime.	Beneficiary receives 75% of your benefit, or \$804.74 for the remainder of his/her lifetime. If you die before receiving 60 months of payments, the amount payable to your beneficiary is increased to \$1,072.99 for the balance of that 60-month period.
<input type="checkbox"/>	100% J&S	Provides a monthly benefit of \$1,011.42 for your lifetime.	Beneficiary receives 100% of your benefit, or \$1,011.42 for the remainder of his/her lifetime. If you die before receiving 60 months of payments, the amount payable to your beneficiary is increased to \$1,011.42 for the balance of that 60-month period.
<input type="checkbox"/>	5 Year Certain & Life	Provides a monthly benefit of \$1,312.85 for your lifetime.	If you die prior to receiving 60 monthly payments, the remaining payments will be made to your beneficiary in the amount of \$1,312.85 per month. If you die after receiving 60 monthly payments, no other benefits will be paid to anyone.
<input type="checkbox"/>	10 Year Certain & Life	Provides a monthly benefit of \$1,201.00 for your lifetime.	If you die prior to receiving 120 monthly payments, the remaining payments will be made to your beneficiary in the amount of \$1,201.00 per month. If you die after receiving 120 monthly payments, no other benefits will be paid to anyone.
<input type="checkbox"/>	15 Year	Provides a monthly benefit	If you die prior to receiving 180 monthly payments,

Trevor Curtis  
102765  
Batch ID: 7109  
Calc ID: 4799  
Benefit Election Form

Page 7 of 18

P.O. Box 554  
Milwaukee, WI 53201-0554  
Direct: 1-800-797-6645  
Fax: 1-414-670-7420  
benefits@mining.komatsu



Certain & Life of \$1,079.82 for your lifetime.

the remaining payments will be made to your beneficiary in the amount of \$1,079.82 per month. If you die after receiving 180 monthly payments, no other benefits will be paid to anyone.

#### Defer Payment



Defer  
Payment

You can defer payment of benefits to a later time. Please keep in mind that under all circumstances your pension must start to be paid by April 1 of the year after the year you attain age 70 ½. Your benefit options will be recalculated to reflect the actual date (in the future) you wish to begin payment. You will need to contact the Komatsu Mining Corp. Benefits Department at least 30 days but not more than 180 days prior to this date to apply for your pension benefit. Please refer to *Notice 3 – Notice of Participant's Right to Defer Benefit Commencement* for additional information about delaying the start of your pension.\*

\* If you do not return this Benefit Election Form, you will have been deemed to have deferred payment of your benefit to a later date.

Trevor Curtis  
102765  
Batch ID: 7109  
Calc ID: 4799  
Benefit Election Form

Page 8 of 18

P.O. Box 554  
Milwaukee, WI 53201-0554  
Direct: 1-800-797-6645  
Fax: 1-414-670-7420  
benefits@mining.komatsu





#### IV. Designation of Additional Beneficiaries For Pension Benefit

*(To be completed if you are electing a 5, 10 or 15 Certain and Life Annuity and you wish to have multiple beneficiaries). This is not required if you elect a Joint and Survivor Annuity. If you have any changes to your beneficiaries, please call the Komatsu Mining Corp. Benefits Department at 1-800-797-6645.*

I hereby direct that upon my death after my retirement, the amounts payable with respect to my death under the Plan, if any, shall be paid to the following person(s) or legal entities as my PRIMARY BENEFICIARY(IES):

SSN	Name	Address	Relationship	Percentage

The form of distribution of such amounts shall be pursuant to the distribution provisions of the Plan.

If I have designated more than one primary beneficiary above, the death benefit shall be equally divided among my primary beneficiaries who are living at the time of my death unless I specify otherwise on this form. If no primary or contingent beneficiary survives me, the entire amount should be paid according to the terms of the Plan. If a beneficiary is alive and otherwise eligible to receive a benefit on the date of my death, but dies before actually receiving payment, the benefit that would have been paid to the deceased beneficiary shall instead be paid to the deceased beneficiary's estate, subject to the applicable terms of the Plan.

If I am married on the date of my death and my death precedes the distribution of Plan benefits to me, the death benefit under the Plan shall be paid to my surviving spouse in the form of the survivor annuity described in the Plan, unless an election not to receive such survivor annuity has been made with spousal consent. In the event a survivor annuity is paid to my surviving spouse, no death benefit will be available to the beneficiary or beneficiaries designated above.

**V. Participant Authorization**

(You must read the following information & sign below to finalize your election.)

**Election**

- My benefits under the Plan will be paid to me in the form of a 50% Joint & Survivor with 5 Year Certain & Life if I am married, or a 5 Year Certain & Life if I am unmarried, unless I waive my right to receive that form of payment. If I am married, my spouse must consent to this waiver by completing the **Form 2 – Spousal Waiver Form** in the witness of a notary public.
- I have reviewed all of my options, and I understand the financial effect of waiving the Qualified Joint and Survivor Annuity or 5 Year Certain & Life available to me.
- If my benefit is calculated based on the amount of my primary Social Security benefit, I have the right to supply my actual primary Social Security benefit or actual wage history obtained from the Social Security Administration for periods prior to my termination of employment and to have my accrued benefit determined on the basis of such actual Social Security benefit amount or actual wage history.
- I have been informed of the actual or the estimated amount of my benefit under each optional form of payment currently available under the terms of the Plan. I elect to have my benefit paid to me as I have indicated on this form.
- I may rescind my election at any time prior to 7 days before my Benefit Commencement Date, January 1, 2020 (or if later, seven days after receipt of this benefit election kit).
- If I die before January 1, 2020, this election will be revoked and my surviving Spouse will receive a pre-retirement survivor annuity.
- My Social Security Number (last 4 digits), full legal name and date of birth as shown on Page 1 of this Benefit Election Form are correct.

**Marital Status and Spousal Consent**

- My Spouse's consent is irrevocable unless I change my election.
- The spousal consent requirement is waived if I do not have a Spouse. Therefore, if I attested to being divorced, legally separated, widowed or single in the *Marital Status Declaration* section of this form, I acknowledge and represent that I do not have a Spouse as of the date this form is signed.
- A notarized spousal consent is valid only for the Spouse who signs the consent. If I am divorced or legally separated (or if I am not now married), but I marry between the time this form is signed and my Benefit Commencement Date, this election will be invalid because my new Spouse will then be eligible for the Joint and Survivor Annuity, unless notarized spousal consent is received from the new Spouse.
- Any Qualified Domestic Relations Order (QDRO) that has assigned all or a portion of my pension benefit to an alternate payee will affect the amount of my benefit. I am required to notify Komatsu Mining Corp. of the existence of any such legal order, and if I fail to do so, accept legal and financial



liability for my failure to notify. Except as disclosed in these materials, there is no QDRO or pending DRO relating to my benefit.

- If I attested to being single, legally separated or widowed in the "Marital Status" section of this form, I acknowledge and represent that I do not have a spouse as of the date this form is signed. If this representation is false, I accept legal and financial liability for the Plan's reliance on this representation.

**Distribution and Tax Information**

- I cannot change my payment effective date after payments have begun.

---

Signature of Participant

---

Date

---

Print Name

---

Telephone Number

**Komatsu U.S. Pension Plan  
Notice 2 – Relative Value Comparison**

Name of Participant: Trevor CurtisCalculation ID: 7109\_4799 102765

To help you understand the payment options available to you, the chart below shows the "relative value" of your payment options compared to a 5 Year Certain & Life as of various representative ages. This chart helps you to compare the value of distributions paid in different forms at those representative ages. The comparison is made using an interest rate of 6.00% and life expectancy based upon the RP2014 Bottom Quartile of Annuitants table (male retiree with female beneficiary), which may be different than the Plan's interest rates and life expectancy assumptions.

The relative values below are based on average life expectancies. The actual value of payments ultimately made under any payment option will depend on how long you live and, for the Joint and Survivor payment options, if applicable, how long your surviving spouse lives. In other words, these values are based on average circumstances for participants as a whole and may not reflect your individual situation.

These illustrations are meant to help you to evaluate your payment options. However, the exact values of payment options will vary for every combination of participant and joint annuitant ages. If you want to obtain a relative value comparison that is specific for your age for the optional forms of benefit payment that currently are available to you, please contact the Benefits Department at 800-797-6645.

	<b>Relative Value Percent at Age 55</b>	<b>Relative Value Percent at Age 60</b>	<b>Relative Value Percent at Age 65</b>
Single Life Annuity with 60 Months Guaranteed	N/A	N/A	100%
10 Year Certain & Life Annuity	N/A	N/A	98%
15 Year Certain & Life Annuity	N/A	N/A	97%
50% Joint and Survivor Annuity	N/A	N/A	100%
66 2/3% Joint and Survivor Annuity	N/A	N/A	99%
75% Joint and Survivor Annuity	N/A	N/A	99%
100% Joint and Survivor Annuity	N/A	N/A	99%

Joint and survivor annuity options were determined assuming you and your joint annuitant are the exact same age. See **Description of Pension Plan Payment Options**.

**Your Actual Benefit Amount**

The information presented in this notice is based on a hypothetical participant at a representative range of ages and a comparison of the relative value at those representative ages; it is not based on the amount of

Trevor Curtis  
102765  
Batch ID: 7109  
Calc ID: 4799  
Relative Value

Page 12 of 18

P.O. Box 554  
Milwaukee, WI 53201-0554  
Direct: 1-800-797-6645  
Fax: 1-414-670-7420  
benefits@mining.komatsu

your actual benefit. The amount of your actual benefit is provided in the enclosed benefit statement. You can use this amount to estimate the relative value of how much you would receive under each of the forms of payment under the Plan by referring to the above table.

Please refer to **Notice 1 – Description of Payment Options** for a description of your payment options and **Form 1 – Benefit Election Form** for the actual dollar amounts payable under the various payment options available to you.

### **How to Interpret the Relative Value Percentages:**

Generally, a payment option with a higher relative value is more valuable than a payment option with a lower relative value. (So an option with 100% relative value would be more valuable than one with an 85% relative value.) However, there are some things you should consider carefully before you make a choice based on these assumptions. Here are a few examples:

- If you live longer than our assumptions, you will receive greater value than illustrated. Of course, the possibility exists that you may not live as long as our assumptions project; in that case you will receive less value.
- There are many different factors that can have an effect on the relative value of the benefits you receive. For example, there could be significant variations between your age (and the age of any joint annuitant) and the ages that were used for purposes of the illustrations above. Interest rates may also fluctuate in the future. In some cases these variations could result in your receiving greater value than illustrated above and in others less value.
- Certain payment options may have tax implications that may deter you from choosing that option, even their relative value is high.
- If you have a more immediate financial need, it may make sense to choose an option that provides more cash up front, even if it has a lower relative value.

You should evaluate your payment options based on your own situation and your personal needs. Use the relative values as a guide, but understand that they are based on assumptions that may not wholly apply to your situation. You may wish to contact a financial or tax advisor before you make a choice to be sure you fully understand your payment options and their implications.

**Komatsu U.S. Pension Plan  
Form 2 – Spousal Waiver Form**Name of Participant: Trevor Curtis Calculation ID: 7109\_4799 102765**Spousal Waiver**

By signing this document, I, legal spouse of Trevor Curtis, acknowledge the following:

- I am the legal spouse of the above-named Participant in the Plan.
- I understand that the normal form of payment for a married participant from the Plan is the 50% Joint & Survivor with 5 Year Certain & Life (QJSA), which would provide a monthly income for life to me if my spouse died before me.

**IMPORTANT! This form must be signed in the presence of a notary** and will not be accepted as complete if the Certification of Notary is missing or is signed on a different date than your spouse's signature.**If prepared outside of the United States**, compliance with the notary requirements of the foreign jurisdiction is required.\_\_\_\_\_  
Signature of Spouse\_\_\_\_\_  
Spouse's Printed Name\_\_\_\_\_  
Today's Date  
(**Must Match Notary  
Date Below**)**CERTIFICATION OF NOTARY**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the above listed Spouse personally acknowledged and completed this instrument before me.

\_\_\_\_\_  
Signature of Notary\_\_\_\_\_  
Commission Expiration\_\_\_\_\_  
Notary's Printed Name\_\_\_\_\_  
Notary Seal and/or Ink Stamp  
as required by State (below)

**Komatsu U.S. Pension Plan  
Form 3 – Tax Withholding Form**

Name of Participant: Trevor Curtis Calculation ID: 7109\_4799  
State of Residence: PA

---

**Instructions**

You must complete this Tax Withholding Form distribution of your benefit. It is suggested that you seek advice from an individual familiar with your tax situation before completing the form. Note that the information provided below relates to withholding on monthly payment amounts only. For Federal tax purposes, the required withholding is 20% if you elect to receive the distribution as cash. The amount required to be withheld for state tax purposes varies by state.

Please read the information below before you begin entering any information. The form should be completed based on your personal tax situation and returned to the . Please note that Federal Income Tax withholding applies to all monthly pension payments and State Tax rules vary depending on your state of residence.

Depending on your state of residence, you may choose to:

- Have an additional fixed dollar amount withheld;
- Have tax withheld based on marital status and number of allowances; or,
- Have no tax withheld and be liable for any required tax payments.

If the form is not submitted, taxes will be calculated based on the state default rules. If withholding is required, this amount will be withheld from your pension payment.

**Estimated Tax Payments**

If you elect not to have taxes withheld, or if the amount of federal income tax withheld is not enough, you may be responsible for the payment of an estimated tax during the year, and for filing Form 1040-ES (Declaration of Estimated taxes for Individuals). You may incur penalties under the estimated tax rules if your withholding and any estimated tax payments you make are not sufficient.

**Revoking Tax Withholding Elections After You Retire**

Your election will remain in effect until you revoke it. You may revoke your election at any time by returning a new signed and dated Tax Withholding Form to the address listed below. You may change or revoke withholding elections as often as you wish. Any change will be processed as received, but generally will be effective no later than the second month after its receipt.

## Form 3 – Tax Withholding Form

---

### I. State Tax Withholding Information For Annuity Payments

- If you reside in **Iowa, Kansas, Massachusetts, Nebraska, Vermont or Virginia**, and you have federal tax withheld from your pension/annuity payment, it is mandatory that state tax also be withheld. No separate state election is allowed. If you want **no** state tax withheld, and you reside in one of the above states, you **MUST** elect to have **no** federal tax withheld below.
- If you reside in **Arkansas, California, Delaware, Georgia, Maine, Oklahoma or Oregon**, your state tax withholding will be the same as your federal tax election below, unless you indicate in the election box in Section II of this form a different election for state purposes.
- If you reside in **Alabama, Colorado, DC, Idaho, Indiana, Kentucky, Louisiana, Maryland, Minnesota, Missouri, Montana, North Carolina, North Dakota, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Utah, Wisconsin or West Virginia** state tax withholding is voluntary, but a tax form is still required.
- The states of **Alaska, Florida, Hawaii, Illinois, Mississippi, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington**, and **Wyoming** do not require state tax withholding on pension/annuity payments. If you reside in any of these states you should not elect to have state tax withheld.
- If you reside in **Arizona** and wish to have state tax withheld, you must complete Arizona Form A-4. The Arizona Form A-4 can be found on the Arizona Department of Revenue website at <https://azdor.gov/forms/withholding-forms>
- If you reside in **Michigan**, you might be required to have state taxes withheld. The MI Form W-4P can be found on the State of Michigan website at <http://www.michigan.gov/taxes/>
- If you reside in **Connecticut** and you wish to make a withholding election, you must complete Form CT-W4P, which can be found on the State of Connecticut website at <http://www.ct.gov/drs>. Otherwise, taxes will be withheld.



## Form 3 – Tax Withholding Form

**II. State Tax Withholding Election** - Please elect your state income tax withholding for your monthly pension payments from the Komatsu U.S. Pension Plan by checking the applicable boxes below.

**State Tax** – All state tax elections are subject to the rules in effect in your state of residence and the agreement of the plan's trustee to carry out your election. **If your tax jurisdiction is a state other than the states listed above, indicate the state here:** \_\_\_\_\_

1. ☐ **No Withholding.** (Not available in all states.) I elect to have no state income tax withheld from my monthly payments. I understand that I remain liable for payment of state income taxes and may be subject to tax penalties under the estimated tax rules if my payments of estimated tax and withholding are not adequate.
2. ☐ **Standard Withholding.** (Not available in all states.) I elect to have my state income tax withholding taken from each monthly payment. This amount should be determined based on the marital status and number of allowances indicated below.
- ☐ Single and \_\_\_\_\_ allowances (**you must** enter number of allowances)
- ☐ Married and \_\_\_\_\_ allowances (**you must** enter number of allowances)
- ☐ Married but at a higher single rate and \_\_\_ allowances (**you must** enter number of allowances)
- Additional Withholding.** I elect to have the following additional amount withheld from each of my monthly payments \$\_\_\_\_\_. (Please leave blank if not applicable.) (Not available in all states.)
3. ☐ **Flat Tax Withholding.** I elect to have the following amount withheld from each of my monthly payments instead of standard withholding: \$\_\_\_\_\_. (Not available in all states.) I understand that I remain liable for payment of state income taxes and may be subject to tax penalties under the estimated tax rules if my payments of estimated tax and withholding are not adequate.

**Signature of Participant**

**Date**

--	--



**Komatsu U.S. Pension Plan  
Form 4 – Direct Deposit Form**

Name of Participant: Trevor Curtis Calculation ID: 7109\_4799 102765

**Payee's Authorization** *(To be completed by Payee)*

- I, Trevor Curtis, hereby authorize that my monthly pension benefit be electronically transferred through the use of the Automated Clearing House (ACH) to my account at the institution listed below. I have attached a voided check for my checking account.
- I verify the accuracy of the information below and agree to refund any amounts found to be overpayments.
- This authorization will remain in effect until I have cancelled or changed it in writing. I understand that my institution will furnish the Trustee with the necessary assurance that it will refund any payment received or credited to my account in error or after my death.

Institution Name

Institution Address *(include Branch if applicable)*

ACH Routing / Transit Number

City State Zip

Payees' Bank Account Number

Type of Account *(please check one)*

☐ Checking ☐ Savings (no check required)

Signature of Payee

Signature of Joint Account Holder *(if applicable)*

Date

Direct Deposit will be through Electronic Funds Transfer unless the bank or financial institution listed above does not participate in the ACH or is located outside of the United States or Canada. **THE FIRST PAYMENT WILL BE VIA CHECK AND WILL BE MAILED TO YOUR HOME ADDRESS. RETURN THIS FORM TO: Komatsu Mining Corp. Benefits Department, P.O. Box 554, Milwaukee WI 53201-0554**

**Please tape voided check here**

Trevor Curtis  
102765  
Batch ID: 7109  
Calc ID: 4799  
Direct Deposit Form

Page 18 of 18

P.O. Box 554  
Milwaukee, WI 53201-0554  
Direct: 1-800-797-6645  
Fax: 1-414-670-7420  
benefits@mining.komatsu